



For information about a community conversation in another city go to the [DD Council's website](#) or call 517-335-3158.

To register in another city click the link below the date.

**Greater Grace Temple**  
**Detroit, Michigan**  
Friday, April 10, 2015  
[Click here](#)

**Masonic Temple**  
**Marquette, Michigan**  
Tuesday, April 21, 2015  
[Click here](#)

**Cristo Rey Church**  
**Lansing, Michigan**  
Tuesday, June 2, 2015  
[Click here](#)

**Comfort Inn**  
**Plainwell, Michigan**  
Thursday, June 11, 2015  
[Click here](#)

**Michigan Developmental Disabilities Council**

# **Community Conversation**

**Tuesday, May 12, 2015**

**9:30am-2:00pm**

**Treetops Resort**

**3962 Wilkinson Rd.**

**Gaylord, Michigan 49735**

**Lunch will be provided**

The DD Council wants to hear from **YOU!**

Are you a person with a developmental disability, a family member of a person with a developmental disability, or an advocate for persons with disabilities?

The Michigan Developmental Disabilities Council is gathering information for its next 5-year state plan. This is your chance to tell us what's important to you and what you want the DD Council to do about it. Join us to share your story, explore the challenges that effect your life and talk about the issues that are important to you.

## **Advanced Registration is Required**

To register please complete the form on the back of this flyer or [click here](#)

**Registration Deadline:**

**Tuesday, April 28, 2015**

Organized by the United Cerebral Palsy Michigan

For more information or help registering contact:  
Cathy Boissoneau @ 231-883-3582 or  
[Boissoneau@ucpmichigan.org](mailto:Boissoneau@ucpmichigan.org)



### 3 Ways to Register

**Registration Deadline: Tuesday, April 28, 2015**

Online at: <https://www.surveymonkey.com/r/gaylord4>

or

Email the form below to: [boissoneau@ucpmichigan.org](mailto:boissoneau@ucpmichigan.org)

or

Mail the form below to:

UCP Michigan  
Community Conversation Registration  
P.O. Box 387  
Empire, Michigan 49630

-----Cut here and keep the top-----

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Direct Care Worker Name (if they're coming with you ) : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Rank the three (3) topics that are the highest priority for you. ( 1 is the highest)**

\_\_\_ Self-Advocacy ( speaking up for yourself)      \_\_\_ Employment (working in the community)

\_\_\_ Community Inclusion (being a part of your community)    \_\_\_ Self-Determination (directing your life)

\_\_\_ Housing (living where you want)    \_\_\_ Transportation (getting where you want to go)    \_\_\_ Other: \_\_\_\_\_

Please list any accommodations you need to fully participate: \_\_\_\_\_

Do you have any dietary restrictions: ☐ vegetarian ☐ vegan ☐ gluten free ☐ other \_\_\_\_\_

Do you want to be added to the Michigan Developmental Disabilities Council mailing list? ☐ Yes or ☐ No